



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: INDIANA SKIN CANCER AMBULATORY SURGERY CENTER

Street Address: 701 E. County Line Rd Suite 208

City: Greenwood

County: Johnson

Administrator Name: Michael Murphy

Administrator Email: indymohs@gmail.com

ASC Web Address:

Fiscal Year: 2013

Accredited:  Yes  No

Name of Accrediting Body: CMS

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2797	2797
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code		Total Procedures
14041		395
14060		370

14040	318
15260	279
14061	203
14021	191
15220	164
13121	158
13101	119
13132	106

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	7
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